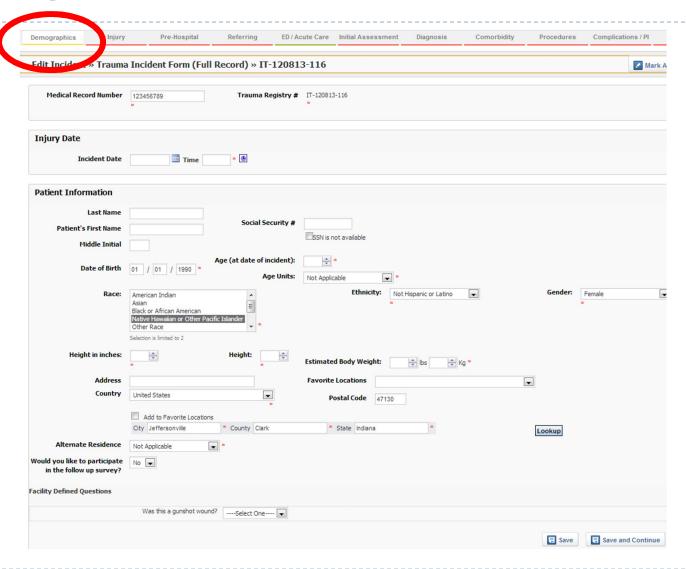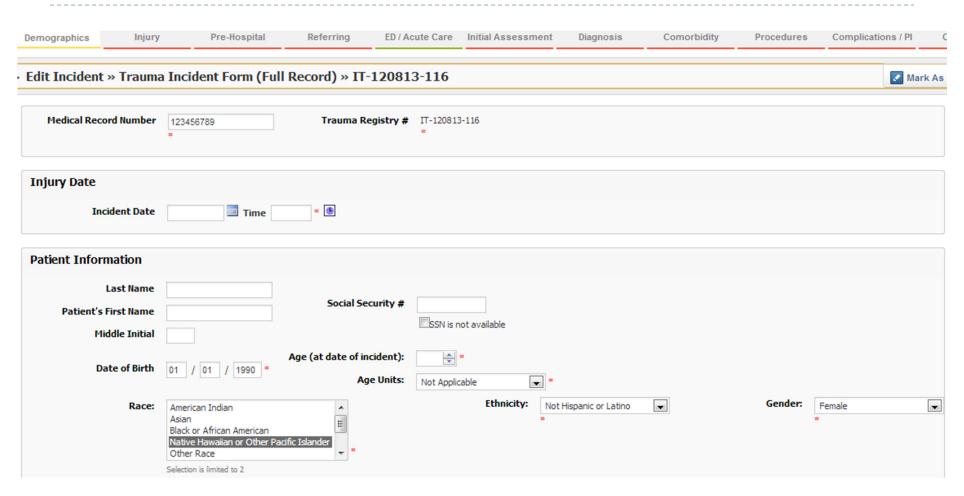# Indiana Patient Registry Training

Entering Patient Information – Trauma Incident Form (Full Record)

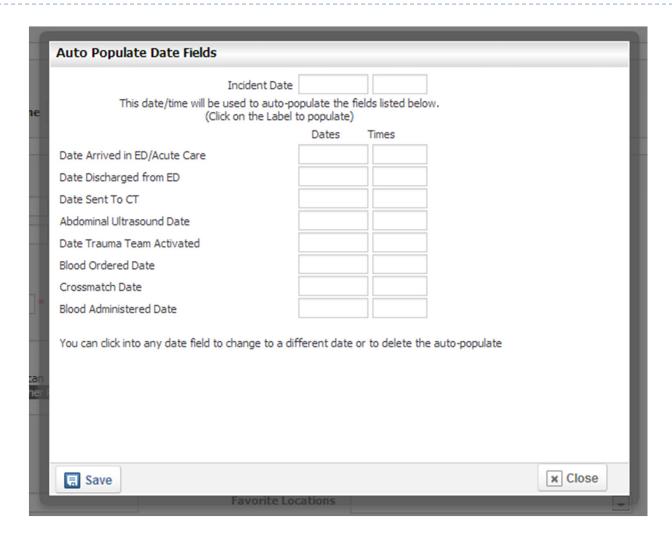# Demographics Screen

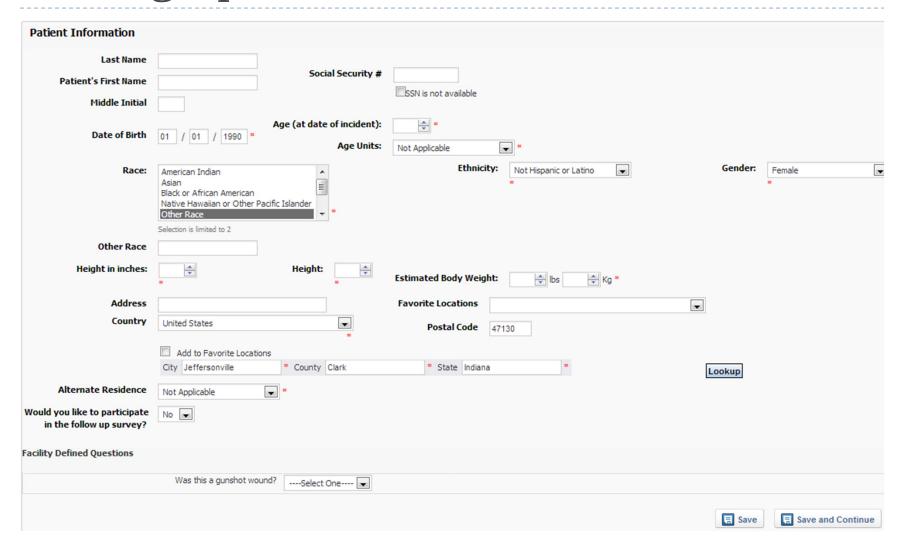# Demographics Screen – Date/Time Helper
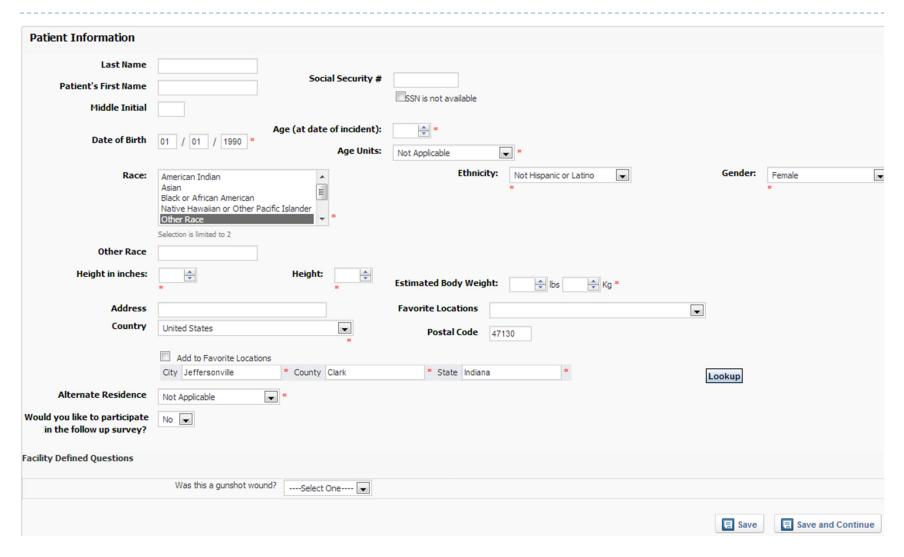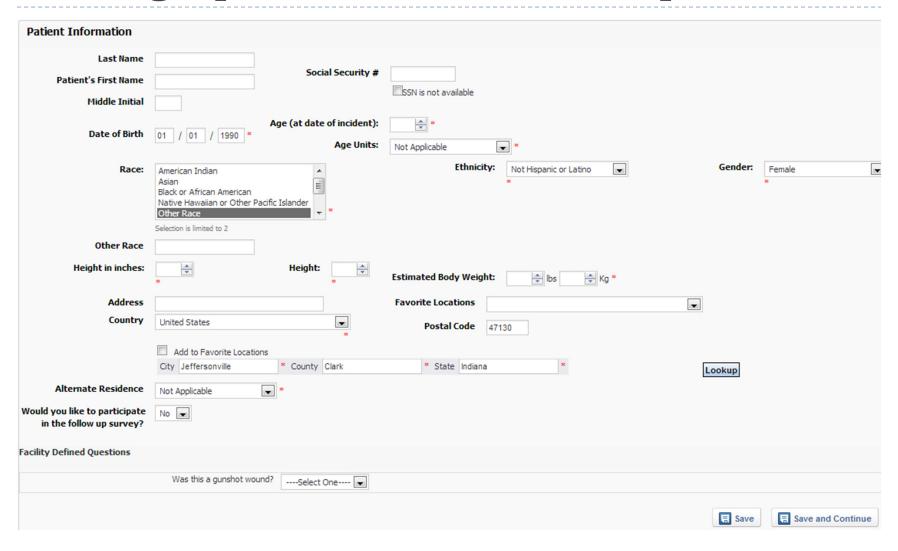
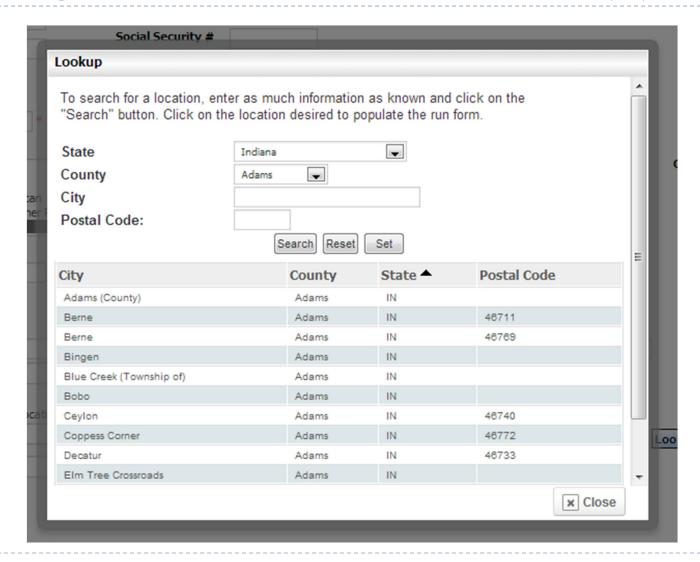# Demographics Screen – Date/Time Helper (2)

Demographics Screen – Other Race

Patient Information

Last Name	[ ]	
Patient's First Name	[ ]	**Social Security #** [ ]
		☐ SSN is not available
Middle Initial	[ ]	

Date of Birth [01] / [01] / [1990] *   **Age (at date of incident):** [   ] *

Age Units: [Not Applicable ▼] *

Race:
American Indian
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
Other Race
*
Selection is limited to 2

Ethnicity: [Not Hispanic or Latino ▼] *   **Gender:** [Female ▼] *

Other Race [   ]

Height in inches: [   ] *   **Height:** [   ] *   **Estimated Body Weight:** [   ] lbs [   ] Kg *

Address [   ]   **Favorite Locations** [▼]

Country [United States ▼] *   **Postal Code** [47130]

☐ Add to Favorite Locations

City [Jeffersonville] *   County [Clark] *   State [Indiana] *   [Lookup]

Alternate Residence [Not Applicable ▼] *

Would you like to participate in the follow up survey? [No ▼]

Facility Defined Questions

Was this a gunshot wound? [----Select One---- ▼]

[Save]   [Save and Continue]

Demographics Screen –
Add to Favorite Locations

Patient Information

Last Name		**Social Security #**	
Patient's First Name			☐SSN is not available
Middle Initial			

Date of Birth 01 / 01 / 1990 *

Age (at date of incident): [____] *

Age Units: Not Applicable ▼ *

Race:
American Indian
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
Other Race *
Selection is limited to 2

Ethnicity: Not Hispanic or Latino ▼ *

Gender: Female ▼ *

Other Race [_____]

Height in inches: [____] *   **Height:** [____] *

Estimated Body Weight: [____] lbs [____] Kg *

Address [_____]

Favorite Locations [_____] ▼

Country United States ▼ *

Postal Code 47130

☐ Add to Favorite Locations

City Jeffersonville *   County Clark *   State Indiana *   [Lookup]

Alternate Residence Not Applicable ▼ *

Would you like to participate in the follow up survey? No ▼

Facility Defined Questions

Was this a gunshot wound? ----Select One---- ▼

[Save]   [Save and Continue]

Demographics Screen – Lookup

Patient Information

Last Name	
Patient's First Name	
Middle Initial	

Social Security #

☐ SSN is not available

Date of Birth 01 / 01 / 1990

Age (at date of incident): *

Age Units: Not Applicable *

Race:
American Indian
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
Other Race *

Selection is limited to 2

Ethnicity: Not Hispanic or Latino *

Gender: Female *

Other Race

Height in inches: *

Height: *

Estimated Body Weight: lbs Kg *

Address

Favorite Locations

Country United States *

Postal Code 47130

☐ Add to Favorite Locations

City Jeffersonville * County Clark * State Indiana * **Lookup**

Alternate Residence Not Applicable *

Would you like to participate in the follow up survey? No

Facility Defined Questions

Was this a gunshot wound? ----Select One----

🖫 Save   🖫 Save and Continue

Demographics Screen – Lookup (2)

Demographics Screen –
Save & Continue

Injury Screen – E-Code Lookup

Cause of injury

E-Code	Description	Intentionality	Trauma Type
		No Cause of Injury Has Been Entered	

E-Code: [ ] * [Lookup]

[Add COI] [Save Order]

Equipment

| Airbag Present: | Not Applicable ▾ * | Child Restraint | Not Applicable ▾ * | Three Point Restraint | Not Applicable ▾ * | Lap Belt: | Not Applicable ▾ * | Shoulder Belt: | Not Applicable ▾ * |

Personal Floatation: Not Applicable ▾ *   Eye Protection Not Applicable ▾ *   Helmet: Not Applicable ▾ *   Protective Clothing: Not Applicable ▾ *   Protective Non-Clothing Gear: Not Applicable ▾ *

Other: Not Applicable ▾ *

Facility Defined Questions

Was the Patient involved in a Snowmobile accident?   ----Select One---- ▾   Was the patient pregnant?   ----Select One---- ▾

ImageTrend Test [ ]

[← Back]   [Save]   [Save and Continue]

Injury Screen – E-Code Lookup (2)

Injury Screen – E-Code Lookup (3)

Injury Screen – E-Code Lookup (4)

Injury Screen – Cause of Injury

Cause of injury

	E-Code	Description	Intentionality	Trauma Type	
↕	E965.0	(Primary) Assault Handgun	Assault	Penetrating	❌
↕	E888.8	Oth Fall			❌

E-Code: [_____] [Lookup]

[Add COI] [Save Order]

Equipment

Airbag Present: Not Applicable ▼ *	Child Restraint: Not Applicable ▼ *	Three Point Restraint: Not Applicable ▼ *	Lap Belt: Not Applicable ▼ *	Shoulder Belt: Not Applicable ▼ *
Personal Floatation: Not Applicable ▼ *	Eye Protection: Not Applicable ▼ *	Helmet: Not Applicable ▼ *	Protective Clothing: Not Applicable ▼ *	Protective Non-Clothing Gear: Not Applicable ▼ *
Other: Not Applicable ▼ *				

Facility Defined Questions

Was the Patient involved in a Snowmobile accident? ----Select One---- ▼   Was the patient pregnant? ----Select One---- ▼

ImageTrend Test [ ]

[← Back]   [Save] [Save and Continue]

Injury Screen – Cause of Injury (2)

Cause of injury

	E-Code	Description	Intentionality	Trauma Type	
↕	E965.0	(Primary) Assault Handgun	Assault	Penetrating	✖
↕	E888.8	Oth Fall			✖

E-Code: [   ] [Lookup]

[Add COI] [Save Order]

Equipment

Airbag Present: Not Applicable ▾ *	Child Restraint: Not Applicable ▾ *	Three Point Restraint: Not Applicable ▾ *	Lap Belt: Not Applicable ▾ *	Shoulder Belt: Not Applicable ▾ *
Personal Floatation: Not Applicable ▾ *	Eye Protection: Not Applicable ▾ *	Helmet: Not Applicable ▾ *	Protective Clothing: Not Applicable ▾ *	Protective Non-Clothing Gear: Not Applicable ▾ *
Other: Not Applicable ▾ *				

Facility Defined Questions

Was the Patient involved in a Snowmobile accident? ----Select One---- ▾   Was the patient pregnant? ----Select One---- ▾

ImageTrend Test [ ]

[← Back]   [Save] [Save and Continue]

Injury Screen – Airbag Present

Cause of injury

	E-Code	Description	Intentionality	Trauma Type	
↕	E965.0	(Primary) Assault Handgun	Assault	Penetrating	✕
↕	E888.8	Oth Fall			✕

E-Code: [   ] **Lookup**

Add COI **Save Order**

Equipment

Airbag Present:	Yes ▾ *	Child Restraint	Not Applicable ▾ *	Three Point Restraint	Not Applicable ▾ *	Lap Belt:	Not Applicable ▾ *	Shoulder Belt:	Not Applicable ▾ *
Airbag not Deployed:	Not Applicable ▾ *	Airbag Deployed Side:	Not Applicable ▾ *	Airbag Deployed Front	Not Applicable ▾ *	Airbag Deployed Other:	Not Applicable ▾ *		
Personal Floatation:	Not Applicable ▾ *	Eye Protection	Not Applicable ▾ *	Helmet:	Not Applicable ▾ *	Protective Clothing:	Not Applicable ▾ *	Protective Non-Clothing Gear:	Not Applicable ▾ *
Other:	Not Applicable ▾ *								

Facility Defined Questions

Was the Patient involved in a Snowmobile accident? ----Select One---- ▾   Was the patient pregnant? ----Select One---- ▾

ImageTrend Test [   ]

← Back   💾 Save   💾 Save and Continue

Injury Screen – Child Restraint

Cause of injury

	E-Code	Description	Intentionality	Trauma Type	
↕	E965.0	(Primary) Assault Handgun	Assault	Penetrating	☒
↕	E888.8	Oth Fall			☒

E-Code: [＿＿＿] [Lookup]

[Add COI] [Save Order]

Equipment

Airbag Present:	Not Applicable ▾ *	Child Restraint	Yes ▾ *	Three Point Restraint	Not Applicable ▾ *	Lap Belt: Not Applicable ▾ *	Shoulder Belt: Not Applicable ▾ *
Infant Car Seat :	Not Applicable ▾ *	Child Car Seat	Not Applicable ▾ .	Child Booster Seat :	Not Applicable ▾ *		
Personal Floatation:	Not Applicable ▾ *	Eye Protection	Not Applicable ▾ *	Helmet:	Not Applicable ▾ *	Protective Clothing: Not Applicable ▾ *	Protective Non-Clothing Gear: Not Applicable ▾ *
Other:	Not Applicable ▾ *						

Facility Defined Questions

Was the Patient involved in a Snowmobile accident?	----Select One---- ▾	Was the patient pregnant?	----Select One---- ▾
ImageTrend Test	[＿]		

[← Back]   [Save] [Save and Continue]

Injury Screen –
Safety Equipment Description

Pre-Hospital Screen – EMS Service

Arrival Information

Run Number	EMS PCR Number	Service			EMS Dispatch Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hospital	Transport Mode

No EMS Runs Have Been Entered

Favorites ▾   -- Select Service -- ▾ 🔍   📅 *   *   *   *   Not Applicable ▾ *

-- Select Service --
Albany EMS Inc
Ashley VFD Inc
IU Health Bedford Em...
LaPorte County EMS
St Vincent Dunn Hosp...

Tube Thoracostomy: Not Applicable ▾   d: Not Applicable ▾   Medications:

Needle Thoracostomy: Not Applicable ▾   t: Not Applicable ▾

Fluids: Not Applicable ▾

EMS Status: Not Applicable ▾   n: Not Applicable ▾

Add Medication

Add EMS Run **Search EMS Run**

* Please Click On 〰 To Add/Edit PreHospital Vitals
* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

← Back   💾 Save   💾 Save and Continue

Pre-Hospital Screen – EMS Service (2)

Pre-Hospital Screen – EMS Lookup

Pre-Hospital Screen – Medications

Pre-Hospital Screen – Add Drugs

Pre-Hospital Screen – Add EMS Run

Pre-Hospital Screen – Add or Edit Vitals

Referring Hospital Screen – Add Referring Hospital

Referring Hospital Screen – Add Referring Hospital (2)

ED / Acute Care Screen –
Level of Trauma Team Activated

ED / Acute Care Screen – Add Staff

ED / Acute Care Screen –
Level of Trauma Team Activated (2)

ED / Acute Care Screen – ED Discharge Disposition

ED / Acute Care Screen – ED Discharge Disposition (2)

ED / Acute Care Screen –
ED Discharge Disposition (3)

ED / Acute Care Screen – ED Discharge Disposition (4)

▼ **Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116**

Validity: 33%
Status: In Progress
Lock: Unlocked ▾
Import Status: Typed In
Entered: 08/13/12 by Derek Zollinger

ED / Acute Care

Direct Admit to Hospital: Not Applicable ▾   **Date Arrived in**

Trauma Team Activated?
  ◉ Not Activated   ○ Level 1   ○ Level 2   ○ Level 3   ○ Level 4
  ○ Not Known / Not Recorded

Admitting MD/Staff: - Admitting MD/Staff - ▾ 🔳   **Admitting Service:** Not Applicable ▾   **Consulting**

Date Discharged from ED: [   ] 📅 * **Discharge Time:** [   ] *   Consulting Service

Length of Stay:

ED Disposition: Transferred to another hospital ▾ *   Not Applicable

Date of Decision to Transfer: [   ] 📅

Time of Decision to Transfer: [   ] (HHmm)

Transfer Delay: Yes ▾

Reason for Transfer Delay: Not Applicable ▾

Initial Assessment Screen – Vital Signs

Initial Assessment Screen – Lab

Lab

Alcohol Use Indicator: Yes(confirmed by test [trace levels]) ▾ *

Blood Alcohol Content: [   ]
mg/dl

Drug Use Indicator:
- Not Applicable
- No (not tested)
- No (confirmed by test)
- Yes (confirmed by test [prescription drug]) *

Base Deficit: [   ] meq/l

Facility Defined Questions

Is the patient wearing dentures   ----Select One---- ▾

← Back

Indiana Patient Registry

Initial Assessment Screen – Lab (3)

pplicable ▼

Date Sent To CT: [_____] 📅 **Time:** [_____]   **Abdominal Ultrasound:** [Not Applicable ▼]

Abdominal Ultrasound Date: [_____] 📅 **Time:** [_____]

pplicable ▼

Arteriogram: [Not Applicable ▼]

pplicable ▼

Aortogram: [Not Applicable ▼]

pplicable ▼

ntent: [_____]

mg/dl

Drug Use Indicator:

| Not Applicable |
| No (not tested) |
| No (confirmed by test) |
| Yes (confirmed by test [prescription drug]) |

Drug Screen: [Add Drug]

[_____]

[💾 Save]   [💾 Save and Continue]

Initial Assessment Screen – Add Drugs

Diagnosis Screen – Diagnosis List

Diagnosis Screen – ICD-9 Code Lookup

Diagnosis Screen – ICD-9 Code Lookup (2)

Diagnosis Screen – ICD-9 Code Lookup (3)

Diagnosis Screen – ICD-9 Code Lookup (4)

Diagnosis Screen – Diagnosis List (2)

Diagnosis Screen – AIS Code Lookup

Diagnosis Screen – AIS Code Lookup (2)

Diagnosis Screen – AIS Code Lookup (3)

Diagnosis Screen – AIS Code Lookup (4)

Below are AIS Codes that are possible match to the ICD-9 Code specified in the incident form. Click the desired AIS code to populate the Incident Form.

Historical Data	Search Codes	Browse Codes	AIS Matches

AIS 05	**Description**
⚠ No AIS Code found for that criteria.	

[x] Close

Procedures Screen – Procedures (2)

Procedures

Procedure Performed   Yes ▾

ICD-9 Code	Location	Date Started Time	Staff	Service Type
No Procedures Have Been Entered				

ICD-9 Code: [____] * * [Lookup]   Not Applicable ▾   [____] 📅 * [____] *   - Select One - ▾ 📇   Not Applicable ▾

Comments: [_____]

[Add Procedure] [Save Order]

Resource Utilization

Resource

No Resources Have Been Entered

[Add Resource]

Procedures Screen – ICD-9 Code Lookup

Procedures Screen –
ICD-9 Code Lookup (2)

Procedures Screen – ICD-9 Code Lookup (3)

Procedures Screen – Resource Utilization

Procedures Screen – Resource Utilization

Complication Screen – Complications

Complications / PI Screen – Corrective Action

Outcome Screen – Financial Information

Outcome Screen – Financial Information (2)

Outcome Screen – Work-Related

Outcome Screen – Disposition

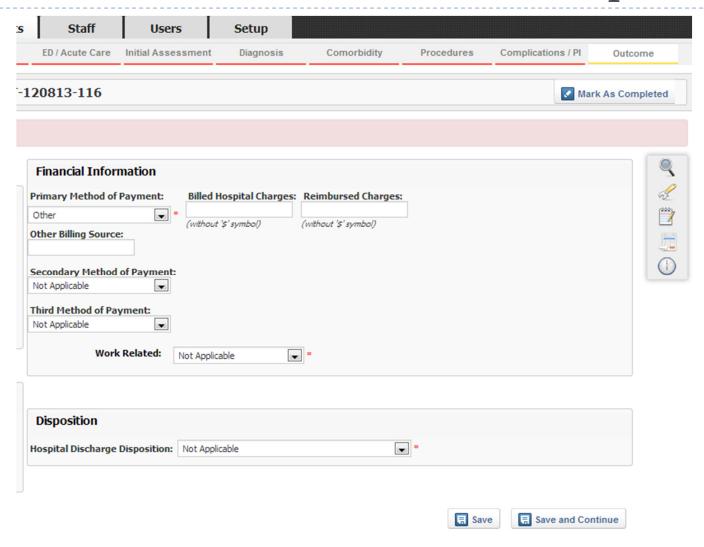# Outcome Screen – Disposition (2)

Outcome Screen – Disposition (3)

Outcome Screen – Disposition (4)

Total ICU Days Total Ventilator Days

Third Method of Payment

Other

Third Other Billing Source:

Disposition

Hospital Discharge Disposition: Rehabilitation or long-term facility

Hospital Transferred To: -- Select Rehabilitation Facility --

← Back

Save   Save and Continue

Indiana Patient Registry
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Outcome Screen – Mark As Completed

Outcome Screen –
Mark As Completed (2)